Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 1130 02 2 Serial/Patent # 09 673, 739							
3 Please refund th following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT		
	Filing				\$		
	Amendment	,			\$		
✓ Extension of Time		18	,	8/29/02	\$ 260.00		
Notice of Appeal/Appeal					\$		
Petition					\$		
Issue				·	\$		
	Cert of Correction/Terminal Disc.			·	\$		
	Maintenance				\$		
	Assignment				\$		
	Other				\$		
		7 TOTAL AMOUNT OF REFUND			\$ 260.00		
		8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check					
	Overpayment	Credit Deposit A/C #:					
	Duplicate Payment			, 02-2448			
√	No Fee Due (Explanation):						
Applicant filed an extrasion of time beyond the maximum period available for reply.							
11 REFUND REQUESTED BY:							
SIGNATURE: Chiff Conso TITLE: Petitions Attorney PHONE: 305-0272 OFFICE: Petitions							
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: 12/02/02							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B